



## DEPARTMENT OF FINANCE &amp; ADMINISTRATION

## Office of Personnel Management

## Establish/Change Garnishment Order

Business Area	New <input type="checkbox"/>	Change <input type="checkbox"/>
Employee Name (Last, First, Middle)		Personnel Number

## Garnishment Document

Effective Date (MM/DD/YY)	Case Number	Case Status <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> Inactive <input type="checkbox"/> Released <input type="checkbox"/> Rejected <input type="checkbox"/> Reactivated for Refund <input type="checkbox"/> Bankrupt
Date of Garnishment Receipt	Date of Garnishment Release	Garnishment Priority (Child Support is always 1)
Jurisdiction	Category <input type="checkbox"/> Child Support <input type="checkbox"/> Creditor <input type="checkbox"/> Federal Tax <input type="checkbox"/> Spousal Support <input type="checkbox"/> State Tax <input type="checkbox"/> Voluntary	
AASIS Vendor Number (if known)	Vendor (Payee) Address	
Originator <input type="checkbox"/> Attorney <input type="checkbox"/> Court <input type="checkbox"/> Marshall <input type="checkbox"/> Regulatory Agency <input type="checkbox"/> Sheriff	Originator Address	
Remittance Frequency	Plaintiff Name	

## Garnishment Order

Category <input type="checkbox"/> Alimony Arrears <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Court Order <input type="checkbox"/> Support Arrears <input type="checkbox"/> Voluntary <input type="checkbox"/> Spousal Support		
Rule for calculating non-exempt amount	Judgement Balance/ Initial Balance	Deduction
Deduction Method		
Accrues Interest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Payout Including Interest:	

**AUTHORIZATION:** I hereby certify that the above information is correct

Prepared by	Personnel Number	Telephone Number	Date	MM/DD/YY
COMMENTS				